

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b> <span style="float: right;"><input checked="" type="checkbox"/> Addressee</span></p>   |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Muck Rock News<br/>Dept MR 77454<br/>411A Highland Avenue<br/>Somerville, MA 02144-2516</p>  | <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>J. Brown</i></p>  |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7019 1120 0000 7229 5783</p>  | <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes<br/><input checked="" type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p>  |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |   |

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| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7019 1120 0000 7229 5776</p>  | <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes<br/><input checked="" type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p>  |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
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